

**ALCOHOL AND DRUG ABUSE COUNSELOR
PROFESSIONAL REFERENCE**

Applicant _____

Reference's Name _____ Title _____

Address _____

City, State, Zip _____

Work phone (_____) _____

Relationship to Applicant _____ Length of time of acquaintance _____

Are you a Tennessee licensed Alcohol and Drug Abuse Counselor? Yes No

The above applicant is applying for licensure as an alcohol and drug abuse counselor. It is our request that you provide information to the Licensure Board regarding the applicant and their relationship with you and others. In addressing interpersonal relationships, it is the belief that these traits impact client care. Your evaluation is of utmost importance in this licensure process.

Please evaluate the applicant as you observe him/her in the following areas of interpersonal relationships with yourself and/or others.

NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	SUPERIOR	
				1. Respect for client
				2. Care and concern for client
				3. Genuineness with client
				4. Empathy with client
				5. Flexibility with client
				6. Judgment with client
				7. Spontaneity with client
				8. Capacity for appropriate confrontation with client
				9. Capacity for appropriate self-disclosure
				10. Sense of immediacy
				11. Concreteness

Please complete the following statements:

The applicant may be an asset to the field of alcohol and drug abuse counseling because he/she is:

The applicant may be a liability to the field of alcohol and drug abuse counseling because he/she is:

General Comments: _____

- I do recommend the applicant for licensure as an alcohol and drug abuse counselor.
- I do not

I hereby certify that all of the information given herein is true and complete to the best of my knowledge and belief.

Signature

Date

This form, along with a letter of formal recommendation on your letterhead, must be sent directly to:

Board of Alcohol and Drug Abuse Counselors
665 Mainstream Drive
Nashville, TN 37243